

## ENROLLMENT APPLICATION & AFFIDAVIT Other Eligible Adult Individual – Health Insurance (OEAI)

Michigan Civil Service Commission  
**MI HR SERVICE CENTER**  
400 South Pine Street, P.O. Box 30002  
Lansing, Michigan 48909  
Toll Free: (877) 766-6447 Fax: (517) 241-5892

SECTION A												
EMPLOYEE ID NO.		EMPLOYEE LAST NAME		EMPLOYEE FIRST NAME			EMP M.I.	DAYTIME PHONE NO.				
HOME ADDRESS				CITY		STATE	ZIP	JOINT HOUSEHOLD SINCE (MM/DD/YYYY)				
Select one: <input type="checkbox"/> NERE (Non-Exclusively Represented Employees) <input type="checkbox"/> SEIU (Human Services Support, Scientific & Engineering Unit, Technical Unit) <input type="checkbox"/> UAW (Administrative Support & Human Services Unit)												
SECTION B – OEAI/DEPENDENT HEALTH CARE ENROLLMENT (Attach additional pages, if necessary.)												
ADD	DEL	NAME	LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER	SEX M/F	DATE OF BIRTH (MM/DD/YY)	Age	Attending School Y/N	RELATIONSHIP TO EMPLOYEE	RELATIONSHIP TO OEAI
<input type="checkbox"/>	<input type="checkbox"/>	OEAI										
<input type="checkbox"/>	<input type="checkbox"/>	DEP OF OEAI								<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/>	DEP OF OEAI								<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/>	DEP OF OEAI								<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/>	DEP OF OEAI								<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/>	<input type="checkbox"/>	DEP OF OEAI								<input type="checkbox"/> Y <input type="checkbox"/> N		

AFFIDAVIT FOR OTHER ELIGIBLE ADULT INDIVIDUAL COVERAGE – The undersigned understand and acknowledge the following:

1. The criteria for establishment of the Other Eligible Adult Individual (OEAI) eligibility has been read and reviewed by both the employee and potential OEAI. Any questions have been answered and both the Employee and the OEAI understand and agree to meeting all criteria.
2. The OEAI meets all the required [eligibility criteria](#) to be eligible for coverage.
3. Before enrollment can occur, the employee must provide the required documentation to the MI HR Service Center.
4. If an OEAI or OEAI's dependent no longer meet the eligibility criteria for enrollment, the employee shall notify the MI HR Service Center within 14 calendar days. Coverage will be ended effective the date that eligibility criteria were no longer met.
5. The employee will be responsible for paying taxes associated with enrolling an OEAI and the OEAI's dependent children.
6. The undersigned have had the opportunity to review the criteria and this document with a legal advisor of their choice.
7. Falsification of documents, including an application for OEAI coverage, constitutes fraud and may result in restitution, loss of insurance, prosecution, and discipline, up to and including discharge.

SIGNATURE OF EMPLOYEE	DATE	SIGNATURE OF OTHER ELIGIBLE ADULT INDIVIDUAL (OEAI)	DATE
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Secretary of State, Attorney General and Auditor General employees should submit this enrollment and all supporting documentation to their agency HR office.